

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

1812

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY <u>ST. Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>ST. Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicsville</u>	
TOWN <u>Little</u>		TOWN <u>Mechanicsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Nannie</u> (First) <u>Trebbela</u> (Middle) <u>Barnes</u> (Last)		4. DATE OF DEATH <u>2-17-</u> 19 <u>57</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-14-1888</u> 62 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Samuel Talbert</u>		14. MOTHER'S MAIDEN NAME <u>Mary Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Ernest Barnes</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) (b) none

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 1 week

11. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none PLACE (Home, farm, factory, street, OF office bldg., etc.) none INJURY none

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? none

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Samuel

(Degree or title)

ADDRESS Littleton Park, Md.

DATE SIGNED 2/18/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2-20-57

NAME OF CEMETERY OR CREMATORY John Westley M.E.

LOCATION (City, town, or county) Budds Creek, Md.

(State)

DATE REC'D BY LOCAL REG. 2/19/57

REGISTRAR'S SIGNATURE C. C. C. C.

24. FUNERAL DIRECTOR P.B. Johnson - Leonardtown, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1813

Evidence for change  
of age shown on:

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

FILE NO. G 150 FEB 14 1957

1. PLACE OF DEATH COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leonardtown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Leonardtown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u>	(Middle) <u>Jane</u>	(Last) <u>Carberry</u>
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>2</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Aug. 17, 1875</u>
9. AGE last birthday <u>75</u> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Anna Scott - Washington D.C.</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a)

Coronary Thrombosis

##### Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Generalized Arterio-sclerosis

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

##### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

#### 20. AUTOPSY?

Yes ☐ No ☒

22. I hereby certify that I attended the deceased from....., 1950, to....., 1957, that I last saw the deceased

alive on....., 1957, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VVVVVVV

RECEIVED  
FEB 7 1961  
W. H. A. A. A.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

1814

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Great Mills</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Great Mills</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Wallace</u> (Middle) <u>Bernard</u> (Last) <u>Coppage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22</u> 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 13, 1889</u>
9. AGE last birthday <u>61 yrs.</u>		10. BIRTHPLACE (State or foreign country) <u>St. Mary's Co. Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Coppage</u>		14. MOTHER'S MAIDEN NAME <u>Florence Bacon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>218033048</u>	
17. INFORMANT AND ADDRESS <u>Paul Coppage</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>coronary rupture</u>			<u>1/2 hr.</u>
Antecedent cause(s) (b) <u>coronary sclerosis; hypertension</u>			<u>5 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept., 1950, to 2-22, 1951, that I last saw the deceased alive on 2-22, 1951, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE <u>P. J. Bean, M.D.</u>		ADDRESS <u>Great Mills, Md.</u>		DATE SIGNED <u>2-24-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>2-25-51</u>		NAME OF CEMETERY OR CREMATORY <u>Poplar Hill</u>	
LOCATION (City, town, or county) <u>Valley Lee, Md.</u>		(State) <u>Md.</u>			
DATE REC'D BY LOCAL REG. <u>2-24-51</u>		REGISTRAR'S SIGNATURE <u>P. J. Bean, M.D.</u>		24. FUNERAL DIRECTOR <u>Jos. C. Mattingly, Leonardtown</u>	
				ADDRESS <u>510246 Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF NATURALIZATION

RECEIVED  
JUN 28 1951  
U.S. DEPT. OF JUSTICE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1815 281

1. PLACE OF DEATH- COUNTY <u>Maryland</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Park Hall</u> TOWN <u>Park Hall</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Park Hall</u> TOWN <u>Park Hall</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Daniel</u> (Middle) <u>G.</u> (Last) <u>Davis</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 23-1878</u>
9. AGE last birthday <u>72</u> yrs. <u>3</u> Months <u>23</u> Days		10. If under 1 year If under 24 hrs. <u>3</u> Days <u>23</u> Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) <u>Rail Road Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland Baltimore City</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. FATHER'S NAME <u>E. G. Davis</u>		14. MOTHER'S MAIDEN NAME <u>Louise Raymond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. (If yes, give war or dates of service)	
17. INFORMANT AND ADDRESS <u>Mrs Daniel G. Davis</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

#### Immediate cause

(a) Coronary atherosclerosis

#### INTERVAL BETWEEN ONSET AND DEATH

5 years

94a

#### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General arterio atherosclerosis

10 years

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION

#### 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☐

#### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1942, to Feb 16, 1957, that I last saw the deceased

alive on Feb 13, 1957, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

P. J. Beany M.D.

Great Mills, Md.

2-16-51

#### 23. BURIAL, CREMATION REMOVAL (Specify)

#### DATE THEREOF

#### NAME OF CEMETERY OR CREMATORY

#### LOCATION (City, town, or county)

#### (State)

Burial  
DATE REC'D BY LOCAL REG. 2-16-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

P. J. Beany M.D.

Jas C. Martinley

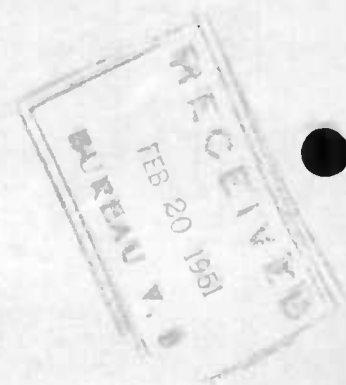
Leonardtown Md 203506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1816

1. PLACE OF DEATH COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leonardtown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St Marys Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leonardtown</u> STREET ADDRESS <u>R.F.D. #1</u>	
3. NAME OF DECEASED (Type or Print) <u>Beulah</u> (First) <u>S</u> (Middle) <u>Dyer</u> (Last)		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>21</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 24/1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>
13. FATHER'S NAME <u>William Smith</u>		14. MOTHER'S MAIDEN NAME <u>Genevieve Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT AND ADDRESS <u>George Dyer</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Coronary occlusion

## Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 20, 1951, to Feb 21, 1951, that I last saw the deceased alive on Feb 21, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb 24, 1957</u>	<u>Queen's Garden Chapel</u>	<u>Beauvoir</u>	<u>St Marys Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>2/23/51</u>	<u>Cannalys</u>	<u>John C. Mattingly</u> <u>Leonardtown Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10F21



# MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

### FOR MEDICAL EXAMINERS

1817

Reg. Dist. No. .... 282

<b>1. PLACE OF DEATH- COUNTY</b> St. Mary's MARYLAND <b>CITY (If outside corporate limits, write RURAL and OR give nearest town)</b> TOWN <u>Hermanville</u> <b>HOSPITAL OR INSTITUTION OR STREET ADDRESS</b> Hermanville, Md.		<b>2. USUAL RESIDENCE (HOME) OF DECEASED- STATE</b> Maryland <b>COUNTY</b> St. Mary's <b>CITY (If outside corporate limits, write RURAL and give nearest town)</b> OR TOWN <u>Hermanville</u> <b>STREET ADDRESS</b> (If rural, give location)	
<b>3. NAME OF DECEASED (Type or Print)</b> (First) <u>Emmijien</u> (Middle) (Last) <u>Harris</u>		<b>4. DATE OF DEATH</b> (Month) <u>Feb.</u> (Day) <u>8</u> (Year) <u>19 51</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>June 1, 1912</u>
<b>9. AGE last birthday</b> <u>38</u> yrs.		<b>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <u>work at home</u>	
<b>11. BIRTHPLACE (State or foreign country)</b> <u>St. Mary's Co., Md.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Thomas Hillary Harris</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Lena B. Watts</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY No.</b>	
<b>17. INFORMANT</b> <u>Thomas H. Harris</u>			

#### 18. MEDICAL CERTIFICATION

<b>1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> (a) <u>Immediate cause</u> <u>Exsanguination</u> (b) <u>Antecedent cause(s)</u> <u>Incomplete miscarriage</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Deffered</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b> <u>none</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/></b> CAUSE OF DEATH.		<b>PLACE (Home, farm, factory, street, OF office bldg., etc.)</b> INJURY <u>none</u>		<b>(CITY OR TOWN)</b> (COUNTY) (STATE)		<b>HOW DID INJURY OCCUR?</b> <u>none</u>	
<b>TIME (Month) (Day) (Year) (Hour) OF INJURY</b> <u>none</u>		<b>INJURY OCCURRED While at Not while work <u>none</u> at work <input type="checkbox"/></b>					

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

**SIGNATURE**

(Degree or title)

**ADDRESS**

**DATE SIGNED**

<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>Feb. 12, 1951</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Zion Fair Cemetery</u>		<b>LOCATION (City, town, or county)</b> <u>Hermanville, St. Mar. Co. Md.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2/9/51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Camalier</u>		<b>24. FUNERAL DIRECTOR</b> <u>Jos. C. Mattingley</u> <u>Leonardtown Md</u>			

Lexington Park, Md.

2/9/51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

FEB 16 1951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>St. Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leonardtown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>2 1/2 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Leonardtown</u> STREET ADDRESS <u>Rt. 1, Box 2</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Wilhelmina S. Hayden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1951</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 9 - 1899</u>	
9. AGE last birthday <u>52 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland St. Marys</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>J. Frank Goldborough</u>	
14. MOTHER'S MAIDEN NAME <u>Victoria Yates</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Amy Denny</u>		18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) <u>Cerebral embolus</u>				<u>2 min</u>	
94a Antecedent cause(s) (b) <u>Fibrillation &amp; coronary arteriosclerosis</u>				<u>3 yrs</u>	
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 2, 1949</u> , to <u>Feb 24, 1951</u> , that I last saw the deceased alive on <u>Feb 24, 1951</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>Wm D Boyd MD</u>		(Degree or title)		ADDRESS <u>Leonardtown</u>	
DATE SIGNED <u>2/26/51</u>					
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb 1951</u>		NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery Leonardtown St. Marys Md</u>	
DATE REC'D BY LOCAL REG. <u>2/26/51</u>		REGISTRAR'S SIGNATURE <u>Charles</u>		24. FUNERAL DIRECTOR <u>J. C. Mattingley</u> <u>Leonardtown Maryland</u>	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1819

1. PLACE OF DEATH: COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write nearest town) <u>Leonardtown</u>		CITY (If outside corporate limits, write nearest town) <u>Morganza</u>	
TOWN <u>Leonardtown</u>		TOWN <u>Morganza</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hosp.</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <u>LENA</u>	(Middle) <u>LUCY</u>	(Last) <u>PRICE</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>28</u> (Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>1880?</u>
9. AGE last birthday <u>70?</u> yrs.	If under 1 year Months <u>70?</u> Days <u>70?</u> Hours <u>70?</u> Mln.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>James Reed</u>	
14. MOTHER'S MAIDEN NAME <u>Theresa Jackson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mary C. Webb</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>9 days</u>
Antecedent cause(s) (b) <u>443X</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u> <u>Hypertensive cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>Feb 21, 1957</u> , to <u>Feb 28, 1957</u> , that I last saw the deceased alive on <u>Feb 27, 1957</u> , and that death occurred at <u>3:47</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Key Lerette, M.D.</u>		ADDRESS <u>Mechanicsville</u>	
DATE SIGNED <u>2/28/57</u>			
23. BURIAL, CREMATION REMOVAL <u>Burial</u>	DATE <u>3/3/57</u>	NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cem.</u>	LOCATION (City, town, or county) <u>Morganza, Md.</u>
DATE REC'D BY LOCAL REG. <u>3/2/57</u>	REGISTRAR'S SIGNATURE <u>C. C. Allen</u>	24. FUNERAL DIRECTOR <u>W. H. Johnson</u>	ADDRESS <u>Leonardtown, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MAR 7 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH: COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Park Hall</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Park Hall</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>Somerville</u> (Last) <u>Somerville</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 26 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 3, 1950</u>
9. AGE last birthday <u>6</u> yrs. <u>29</u> Months <u>29</u> Days <u>29</u> Hours <u>29</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>David Somerville</u>		14. MOTHER'S MAIDEN NAME <u>Daisy Fenwick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>David Somerville</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Bronchopneumonia</u>		<u>1 day</u>
Antecedent cause(s) (b) <u>Acute bronchitis</u>		<u>4 days</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1951, to Feb 26, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE PJ Sean MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED Feb 26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>Feb 28/51</u>	<u>St James Cemetery</u>	<u>Park Hall</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Feb 26/51</u>	<u>PJ Sean MD</u>	<u>Joe M. Mattingly</u>	<u>Deamstown Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1821

1. PLACE OF DEATH COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Leonardtown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Valley Lee</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Samuel</u> (Middle) <u>Cleveland</u> (Last) <u>Tarleton</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>6</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1884</u>
9. AGE last birthday <u>66</u> yrs.		10. If under 1 year Months <u>1</u> Days <u>30</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Mary's Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert Henery Tarleton</u>		14. MOTHER'S MAIDEN NAME <u>Zeponia Hewitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. S. C. Tarleton</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

237 Immediate cause (a) Brain Tumor

3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1950, to 2/6, 1951, that I last saw the deceased

alive on 2/6, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2/8/51

Camalier

Joe C. Mattingly 290116  
Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 16 1951

Query

# 24

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>New Jersey</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Patuxent River, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Atlantic City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Dispensary, U.S. Naval Air Station, Patuxent River, Md.</u>		STREET ADDRESS (If rural, give location) <u>VX3, Naval Air Station</u> ✓	
3. NAME OF DECEASED (Type or Print)	(First) <u>Jack</u> (Middle) <u>Ellis</u> (Last) <u>WHILLANS</u>	4. DATE OF DEATH (Month) <u>February</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-14-22</u>
9. AGE last birthday <u>28</u> yrs.		10. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Naval Aviator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	
11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Percy R. WHILLANS</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Oct 42</u>		16. SOCIAL SECURITY NO. <u>0291418</u>	
17. INFORMANT AND ADDRESS <u>Naval Records</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

863.8 Immediate cause (a) Drowning

Antecedent cause(s)  
173 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

Immediate

#### II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Atlantic Ocean 8 miles south Rehoboth Beach, Dela.</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2-2-51</u> m.	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Airplane crash</u>		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on..... 19....., and that death occurred at.....m., from the causes and on the date stated above.  
SIGNATURE S. J. Peterson (Degree or title) ADDRESS US NAS, PATUXENT RIVER, MD. DATE SIGNED 2-4-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>2-7-51</u>	NAME OF CEMETERY OR CREMATORY <u>National Cem. Springfield, Missouri</u>	LOCATION (City, town, or county) <u>Springfield, Missouri</u>	(State) <u>Missouri</u>
DATE REC'D BY LOCAL REG. <u>2/7/51</u>	REGISTRAR'S SIGNATURE <u>Canaliar</u>	24. FUNERAL DIRECTOR <u>P. B. Robinson - Leonardtown, Md</u>		

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



